

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		(1)		1			55						
6		(1)		1			56						
7		(1)		1			57						
8		(1)		1			58						
9		(1)		1			59						
10		(1)		1			60						
11		1		1			61						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS							TOTAL CLAIMS						